

Child Life Professional Certification Exam Content Outline

Effective January 1, 2019

Domain I: Professional Responsibility (20%)

1. Practice within the scope of professional knowledge and clinical expertise.
 - A. Establish and maintain professional boundaries.
 1. Therapeutic relationships with patients, families, and staff.
 2. Helping professions (e.g., social work, child life, music therapy, etc.)
 - B. Demonstrate knowledge of confidentiality and privacy laws.
 - C. Adhere to the Code of Ethical Responsibility for child life professionals.
 1. Use of social media
 2. Identification of conflicts of interest
 3. Personal, peer, and professional accountability
 4. Continue to seek knowledge and skills related to the healthcare environment
 - D. Advocate for the protection, safety, and rights of the child and family.
 1. Mandated reporting
 2. Emotional safety
 3. Safe environment
 4. Consent and assent
 - E. Employ knowledge of cultural fluency and provide individualized and equitable care.
2. Engage continuously in self-reflective and evaluative professional child life practice.
 - A. Integrate self-reflective skills into daily practice (e.g., awareness of biases, projection, transference, etc.)
 - B. Define evidence-based practice and operate under its principles.
 - C. Participate in activities of inquiry and integrate findings into practice.
 1. Quality improvement
 2. Research processes (e.g., data collection, evaluation, literature review, knowledge translation, benchmarking, etc.)
 - D. Initiate and seek opportunities for clinical supervision and professional/personal growth.
 - E. Identify methods of self-care to manage the impact of exposure to pediatric illness, injury, and healthcare (e.g., stress management, compassion fatigue, secondary trauma, etc.)
3. Collaborate and communicate effectively as a member of the care team.
 - A. Employ clear and objective documentation standards in accordance with workplace policy.
 1. Assessment
 2. Plan of care
 3. Intervention
 4. Outcome/Evaluation
 - B. Apply principles of adult learning to represent the child life profession and/or the institution to internal and external audiences.
 1. Speaking to individuals and groups (e.g., media, donors, community, higher education, healthcare professionals, and students)
 2. Integrate a variety of educational techniques (e.g. lectures, hands-on activities, use of multimedia)
 - C. Educate others about expected reactions and responses to the healthcare experience using child development and family systems theories, and principles of psychosocial care.

- D. Recognize the strengths of the interdisciplinary team.
 - 1. Identify opportunities for collaboration (e.g., co-treating, research, etc.)
 - 2. Recognize and initiate appropriate referrals (e.g., scope of practice)

Domain II: Assessment (40%)

- 1. Identify and apply relevant healthcare data to develop a comprehensive assessment and plan of care.
 - A. Consider the impact of diagnosis, procedures, and treatment.
 - B. Anticipate the impacts of illness, injury, and healthcare experiences.
 - C. Predict the impact of healthcare trends, issues, and environment on stress and coping.
- 2. Identify and apply developmental frameworks to develop a comprehensive assessment and plan of care.
 - A. Assess the physical, cognitive, and social-emotional development of the child.
 - B. Apply developmental theories to anticipate response and reactions to illness, injury, and healthcare experiences.
 - C. Select and apply theories of child development.
 - 1. Stress, trauma, and adverse child experiences
 - 2. Coping
 - 3. Temperament
 - 4. Emotional health
 - 5. Resiliency
 - 6. Attachment
 - D. Identify variables that impact a child's vulnerability to illness, injury, and healthcare experiences (e.g., history of abuse, physical limitations, absence of support system, etc.).
- 3. Identify and apply knowledge of family systems to develop a comprehensive assessment.
 - A. Examine the families' norms, composition, practices, communication styles, and preferences.
 - B. Demonstrate knowledge of family systems and family stress adaptation theories.
 - C. Identify how children and families interpret and make meaning of health, illness, and loss.
 - D. Identify the strengths and challenges in family dynamics and utilization of supports.
- 4. Identify and apply cultural and contextual factors to develop a comprehensive assessment.
 - A. Assess and articulate comprehension of sociocultural needs and learning styles.
 - B. Describe and apply philosophies and practices of patient-centered care.
 - C. Consider socioeconomic status, justice, access and equity, etc. when identifying the availability of community resources.
 - D. Explore cultural and spiritual values, beliefs, and needs.
- 5. Demonstrate assessment strategies and processes.
 - A. Apply formal and informal techniques to assess patient/family acuity and psychosocial risk.
 - B. Adapt services to meet the patient/family's needs, goals, and preferences.
 - C. Apply the cyclical process of assessment, plan, intervention, and evaluation of services.
 - D. Collect, interpret, and integrate relevant data into psychosocial assessment and plan of care.

Domain III: Intervention (40%)

- 1. Demonstrate comprehensive knowledge and skills in play theories and application.
 - A. Facilitate types of play relevant to illness, injury, and healthcare experiences.
 - 1. Normalizing play
 - 2. Developmental play
 - 3. Healthcare play
 - 4. Therapeutic play
 - 5. Child-directed play
 - B. Prescribe appropriate play practices to facilitate optimal coping (e.g., relationship building, mastery, assessment, education, normalization, etc.).
- 2. Provide education specific to the individual needs of children and families as it applies to illness, injury, and healthcare experiences.

- A. Assimilate healthcare, family, and child variables to implement a plan of care that supports individualized learning needs.
 - 1. Preparation (e.g., teaching dolls, books, technology, medical equipment, tours, etc.)
 - 2. Diagnostic teaching
 - 3. Coping strategies (e.g., alternative focus, deep breathing, guided imagery, integrative and expressive therapies, etc.)
 - 4. Advocacy for pain management
- B. Empower children and families to advocate for their needs related to illness, injury, and healthcare experiences.
- 3. Provide coping support for patient and families experiencing loss and/or grief.
 - A. Anticipate the implication of trauma, loss and/or bereavement for children and families.
 - B. Define and distinguish palliative, hospice, and end-of-life care.
 - C. Understand and recognize cultural and spiritual preferences.
 - D. Describe developmental perceptions of and reactions to trauma, loss, and/or bereavement.
 - E. Define and distinguish grief, bereavement, and mourning.
 - F. Articulate types (e.g., anticipatory, complicated, etc.) and theories (e.g., stages and tasks, etc.) of grief experienced by children and families
 - G. Provide support and resources to promote transition.
 - H. Facilitate opportunities for expression of feelings, meaning making, and legacy work.
- 4. Adapt child life skills to support diverse populations (e.g., gender, sexuality, developmental differences, behavioral health, sensory and processing considerations, etc.)
- 5. Apply child life development and family systems theories to provide emotional support within the child life scope.
 - A. Environmental safety (e.g., playroom design, healing environment, sensory stimulation, etc.)
 - B. Emotional safety (e.g., healthcare adherence, impact of the healthcare plan, etc.)
- 6. Utilize clear and sensitive communication skills that develop trusting relationships across the continuum.